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PTO/SB/82 (09-04)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10040,156
	Filing Date	12-19-2001
	First Named Inventor	McGregor, Travis
	Art Unit	2635
	Examiner Name	AU, SCOTT D
	Attorney Docket Number	23758.00120

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

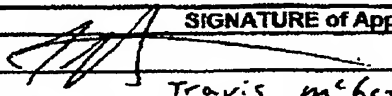
<input checked="" type="checkbox"/> Firm or Individual Name	C. Bart Sullivan		
Address	1543 Sherman Dr.		
City	Benicia	State	CA
Country	United States	Zip	94510
Telephone	(707) 746-1782	Fax	(801) 640-3947

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Travis McGregor		
Date	09.28.04	Telephone	415-925-1374

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/040,158
Filing Date	12-19-2001
First Named Inventor	McGregor, Travis
Art Unit	2635
Examiner Name	AU, SCOTT D
Attorney Docket Number	23758.00120

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☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name C. Bart Sullivan

Address 1543 Sherman Dr.

City Berkeley

State CA

Zip 94510

Country United States

Telephone (707) 748-1762

Fax (801) 640-3947

I am the:

☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/040,158
Filing Date	12-19-2001
First Named Inventor	McGregor, Travis
Art Unit	2835
Examiner Name	AJ. SCOTT D
Attorney Docket Number	23758.00120

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.

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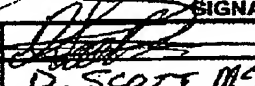
☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	C. Bart Sullivan				
Address	1543 Sherman Dr.				
City	Benicia	State	CA	Zip	94510
Country	United States				
Telephone	(707) 748-1762		Fax	(801) 640-3947	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	D. SCOTT MCGREGOR		
Date	SEPT 30, 2004	Telephone	360-612-0176
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 3 forms are submitted.			

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**POWER OF ATTORNEY
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 INDICATION FORM**

Application Number	10/040,156
Filing Date	12-18-2001
First Named Inventor	McGregor, Travis
Title	Bio-metric smart card, bio-metric smart card reader, and method of use
Art Unit	2635
Examiner Name	AJ, SCOTT D
Attorney Docket Number	23758.00120

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
C. Bart Sullivan	41,516

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

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<input checked="" type="checkbox"/> Firm or Individual Name	C. Bart Sullivan				
Address	1543 Sherman Dr.				
Address					
City	Benida	State	CA	Zip	94510
Country	United States				
Telephone	707-748-1762	Fax	801-640-3947		

I am the:

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 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	Travis McGregor				
Signature	<i>[Signature]</i>				
Date	09.28.04	Telephone	415.925.1374		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**POWER OF ATTORNEY
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 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	10/040,156
Filing Date	12-19-2001
First Named Inventor	McGregor, Travis
Title	Bio-metric smart card, bio-metric smart card reader, and method of use
Art Unit	2835
Examiner Name	AU, SCOTT D
Attorney Docket Number	23758.00120

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<input checked="" type="checkbox"/> Firm or Individual Name	C. Bart Sullivan		
Address	1543 Sherman Dr.		
Address			
City	Benicia	State	CA
Country	United States	Zip	94510
Telephone	707-748-1762	Fax	801-640-3947

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 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Christopher McGregor		
Signature	<i>[Signature]</i>		
Date	9/28/04	Telephone	650 324 3535

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/040,156
	Filing Date	12-19-2001
	First Named Inventor	McGregor, Travis
	Title	Bio-metric smart card, bio-metric smart card reader, and method of use
	Art Unit	2635
	Examiner Name	AU, SCOTT D
Attorney Docket Number	23758.00120	

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Address			
City	Benicia	State	CA
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SIGNATURE OF Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	D. SCOTT MCGREGOR		
Signature	<i>[Signature]</i>		
Date	SEPT. 30, 2004	Telephone	860-617-0176

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